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**APPLICANTS**

Stephen N. Cozzette, Nepean, CANADA;  
Graham Davis, Plainsboro, NJ;  
Imants R. Lauks, Yardley, PA;  
Randall M. Mier, Morrisville, PA;  
Sylvia Piznik, Jackson, NJ;  
Nicolaas Smit, Hightstown, NJ;  
Paul Van Der Werf, Princeton Junction, NJ;  
Henry J. Wieck, Plainsboro, NJ;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 09/193,370 11/17/1998 PAT 6,306,594  
WHICH IS A DIV OF 08/484,095 06/07/1995 PAT 5,837,454  
WHICH IS A DIV OF 07/943,345 09/10/1992 PAT 5,466,575  
WHICH IS A DIV OF 07/432,714 11/07/1989 PAT 5,200,051  
WHICH IS A CIP OF 07/381,223 07/13/1989 ABN  
WHICH IS A CIP OF 07/270,171 11/14/1988 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/01/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>E. Ch.</i> <i>u</i>	Examiner's Signature	Initials		

**ADDRESS**

27160

**TITLE**

System and method of microdispensing and arrays of biolayers provided by same

<b>FILING FEE RECEIVED</b> 1274	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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